

41

01-21-04

Express Mail Mailing Label No.: EL 988704823 US

1711/13

TRANSMITTAL
FORM



Application Serial Number	09/974,722
Filing Date	October 9, 2001
First Named Inventor	Phelps
Group Art Unit	1711
Examiner Name	Boykin, Terressa M.
Attorney Docket No.	CYC-046
Patent No.	Not applicable
Issue Date	Not applicable

RECEIVED
JAN 29 2004
TC 1700

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosures (please identify below) <ul style="list-style-type: none"> • Associate Power of Attorney (1 pg.)
<input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets 10] 		
<input checked="" type="checkbox"/> Petition for Extension of Time <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 		
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations (A88-A101, B38-B60, and C23-C29) 		
<input type="checkbox"/> Certified Copy of Priority Document(s) <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 		
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 		

CORRESPONDENCE ADDRESS

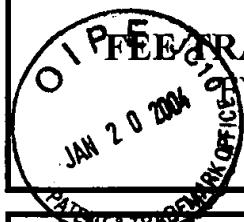
SIGNATURE BLOCK

Direct all correspondence to: Patent Administrator
Testa, Hurwitz & Thibeault, LLP
High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

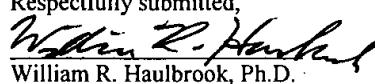
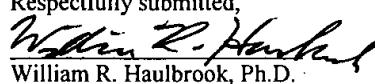
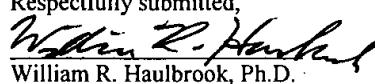
Date: January 20, 2004
Reg. No.: 53,002
Tel. No.: (617) 310-8427
Fax No.: (617) 248-7100

Respectfully submitted,


William R. Haulbrook, Ph.D.
Attorney for Applicants
Testa, Hurwitz & Thibeault, LLP
High Street Tower
125 High Street
Boston, MA 02110

		Complete if Known	
		Application Serial Number	09/974,722
		Filing Date	October 9, 2001
		First Named Inventor	Phelps
		Group Art Unit	1711
		Examiner Name	Boykin, Terressa M.
Attorney Docket No.	CYC-046		

RECEIVED
JAN 29 2004
TC 1700

METHOD OF PAYMENT		FEE CALCULATION (continued)																											
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES																											
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description																									
3. <input type="checkbox"/> Applicant claims small entity status.				Fee Paid																									
FEE CALCULATION																													
1. FILING FEE																													
Large Entity <table border="1"> <thead> <tr> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>770</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>340</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>160</td> <td>Provisional filing fee</td> <td></td> </tr> </tbody> </table>					Fee (\$)	Fee Description	Fee Paid	770	Utility filing fee		340	Design filing fee		160	Provisional filing fee														
Fee (\$)	Fee Description	Fee Paid																											
770	Utility filing fee																												
340	Design filing fee																												
160	Provisional filing fee																												
<table border="1"> <thead> <tr> <th>Number Filed</th> <th>Number Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>- 20 =</td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>- 3 =</td> <td>x \$ 86.00 =</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td> <td>\$290.00 =</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (1) (\$)</td> </tr> </tbody> </table>					Number Filed	Number Extra	Rate	Amount	Total Claims	- 20 =	x \$ 18.00 =		Independent Claims	- 3 =	x \$ 86.00 =		<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$290.00 =		TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (1) (\$)								
Number Filed	Number Extra	Rate	Amount																										
Total Claims	- 20 =	x \$ 18.00 =																											
Independent Claims	- 3 =	x \$ 86.00 =																											
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$290.00 =																											
TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (1) (\$)																													
2. AMENDMENT CLAIM FEES																													
<table border="1"> <thead> <tr> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total 33</td> <td>- 29 =</td> <td>4</td> <td>x \$ 18.00 =</td> <td>72.</td> </tr> <tr> <td>Indep. 5</td> <td>- 3 =</td> <td>2</td> <td>x \$ 86.00 =</td> <td>172.</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td> <td></td> <td>+ \$290.00 =</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (2) (\$)</td> <td style="text-align: right;">SUBTOTAL (3) (\$ 290.00)</td> </tr> </tbody> </table>					Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	Total 33	- 29 =	4	x \$ 18.00 =	72.	Indep. 5	- 3 =	2	x \$ 86.00 =	172.	<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$290.00 =		TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (2) (\$)				SUBTOTAL (3) (\$ 290.00)
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid																									
Total 33	- 29 =	4	x \$ 18.00 =	72.																									
Indep. 5	- 3 =	2	x \$ 86.00 =	172.																									
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$290.00 =																										
TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (2) (\$)				SUBTOTAL (3) (\$ 290.00)																									
<table border="1"> <thead> <tr> <th colspan="2">CORRESPONDENCE ADDRESS</th> <th colspan="3">SIGNATURE BLOCK</th> </tr> </thead> <tbody> <tr> <td colspan="2">Direct all correspondence to:</td> <td colspan="3"> Respectfully submitted,  William R. Haulbrook, Ph.D. Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100 </td> </tr> </tbody> </table>					CORRESPONDENCE ADDRESS		SIGNATURE BLOCK			Direct all correspondence to:		Respectfully submitted,  William R. Haulbrook, Ph.D. Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100																	
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK																											
Direct all correspondence to:		Respectfully submitted,  William R. Haulbrook, Ph.D. Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100																											